DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(3) DATE SURVEY COMPLETED	
		495141	B. WING				₹ 40/2047	
NAME OF P	ROVIDER OR SUPPLIER	400141	1		STREET ADDRESS, CITY, STATE, ZIP CODE	02/	10/2017	
	(0.1.52.1.01.1.55.1.2.12.1.				1725 MAIN STREET			
ALLEGHA	NY HEALTH AND REHAI	В			CLIFTON FORGE, VA 24422			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	_	(X5) COMPLETION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI: TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE	
{K 000}	INITIAL COMMENTS		{K 0	000	}			
	Construction Type: I	I(000)						
	Number of stories: Or	ne Story						
	Building description: building of unprotecte construction with cond							
		building is fully sprinklered PA #13 systems supplied by						
	survey conducted on on 02/10/2017 in accor Federal Regulation, F Long Term Care Facil	nce using the LSC 2017 The facility was in Requirements for						
	The findings that follo non-compliance with Regulations, 483.70(a Fire.) Construction Type: I	Title 42 Code of a) et seq (Life Safety from						
	Number of stories: Or	ne Story						
	within the Main one-sinoncombustible cons	The facility is a single room tory building of unprotected, truction with concrete floors. macy Storage room only, sleeping areas.						
	•	building is fully sprinklered						
LABODATODY	DIDECTOR'S OF PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITI F		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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495141 B. WING R 02/10/2017				AND PLAN OF
02/10/2017	141 B. WING	495141 B. WIN		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STREET ADDRESS, CITY, ST	-	ROVIDER OR SUPPLIER	NAME OF PR
ALLEGHANY HEALTH AND REHAB			NY HEALTH AND REHAB	ALLEGHAI
CLIFTON FORGE, VA 24422	CLIFTON FORGE, VA 2			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAT DEFICIENCY) (X5 COMPLE DAT	D BY FULL PREFIX (EACH CORRECT CROSS-REFEREIT CROSS	JST BE PRECEDED BY FULL PR	(EACH DEFICIENCY	PREFIX
(K 000) Continued From page 1 and protected by NFPA #13 systems supplied by municipal water. An unannounced LSC revisit to the standard survey conducted on 12/27/2016 was conducted on 02/10/2017 in accordance with 42 Code of Federal Regulation, Part 481: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	fk 000} supplied by Indard conducted Code of ments for was 2 2012 in	evisit to the standard (27/2016 was conducted ance with 42 Code of 483: Requirements for s. The facility was using the LSC 2012 ne facility was in juirements for nd Medicaid.	and protected by NFP municipal water. An unannounced LSC survey conducted on 1 on 02/10/2017 in acco Federal Regulation, Pa Long Term Care Facili surveyed for complian (Existing) regulations. compliance with the R Participation Medicare The findings that follow non-compliance with T Regulations, 483.70(a	